



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Masaaki HORI

Group Art Unit: 2626

Application No.: 09/527,453

Examiner: M. Burleson

Filed: March 17, 2000

Docket No.: 105637

For: COMMUNICATION APPARATUS AND STORAGE MEDIUM

#8/A
K DAVIS
5-26-04

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

MAY 24 2004

Technology Center 2600

Sir:

In reply to the February 17, 2004 Office Action, please consider the following:

Amendments to the Claims as reflected in the listing of claims; and

Remarks.

05/17/2004 YPOLITE1 00000064 09527453

| | |
|------------|----------|
| 01 FC:1201 | 86.00 OP |
| 02 FC:1202 | 18.00 OP |

OLIFF & BERRIDGE, PLLC
P.O. Box 19928
Alexandria, Virginia 22320
Telephone: (703) 836-6400
Facsimile: (703) 836-2787



2626
PATENT APPLICATION

Attorney Docket No.: 105637

AMENDMENT TRANSMITTAL

In re the Application of

Masaaki HORI

Group Art Unit: 2626

Application No.: 09/527,453

Examiner: M. Burleson

Filed: March 17, 2000

For: COMMUNICATION APPARATUS AND STORAGE MEDIUM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

MAY 24 2004

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Entitlement to small entity status is hereby asserted.
☐ Small entity status of this application has been established.

The filing fee has been calculated as shown below:

| (Column 1) | | (Column 2) | (Column 3) | SMALL ENTITY | | OR | OTHER THAN A SMALL ENTITY | |
|--|----------------------------------|---------------------------------|---------------|--------------|-----------|----|---------------------------|-----------|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADD'L FEE | | RATE | ADD'L FEE |
| TOTAL CLAIMS | *21 MINUS | **20 | =1 | x 9 | \$ | OR | x 18 | \$18.00 |
| INDEP CLAIMS | *6 MINUS | ***5 | =1 | x 43 | \$ | | x 86 | \$86.00 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | +145 | \$ | OR | +290 | \$ |
| | | | | | \$ | | | \$104.00 |

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- ☒ Check No. 153959 in the amount of \$104.00 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff
Registration No. 27,075

Linda M. Saltiel
Registration No. 51,122

JAO:LMS/mlv

Date: May 14, 2004